

United States Bankruptcy Court Northern District of Illinois							Voluntary Petition		
Name of Debtor (if individual, enter Last, First, Middle): <b>Triplett, Cindy C</b>				Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): <b>4416</b>				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):					
Street Address of Debtor (No. & Street, City, State & Zip Code): <b>8211 S Marshfield Ave # 3</b> <b>Chicago, IL</b>				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):					
ZIPCODE <b>60620-4632</b>				ZIPCODE					
County of Residence or of the Principal Place of Business: <b>Cook</b>				County of Residence or of the Principal Place of Business:					
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):					
ZIPCODE				ZIPCODE					
Location of Principal Assets of Business Debtor (if different from street address above):				ZIPCODE					
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____		<b>Nature of Business</b> (Check <b>one</b> box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ <b>Tax-Exempt Entity</b> (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ <b>Nature of Debts</b> (Check <b>one</b> box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.					
<b>Filing Fee</b> (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				<b>Chapter 11 Debtors</b> <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).					
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.							THIS SPACE IS FOR COURT USE ONLY		
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000									
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									
Estimated Liabilities <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Triplett, Cindy C</b>	
<b>Prior Bankruptcy Case Filed Within Last 8 Years</b> (If more than two, attach additional sheet)			
Location Where Filed: <b>ND Of IL</b>		Case Number: <b>02-33614</b>	Date Filed: <b>9/3/02</b>
Location Where Filed: <b>N/A</b>		Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor</b> (If more than one, attach additional sheet)			
Name of Debtor: <b>None</b>		Case Number:	Date Filed:
District:		Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.)  I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code.  <b>X /s/ Troy L Gleason</b> Signature of Attorney for Debtor(s)  <b>8/15/08</b> Date	
<b>Exhibit C</b> Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
<b>Exhibit D</b> (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)  <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.  If this is a joint petition:  <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
<b>Information Regarding the Debtor - Venue</b> (Check any applicable box.)  <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
<b>Certification by a Debtor Who Resides as a Tenant of Residential Property</b> (Check all applicable boxes.)  <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)  _____ (Name of landlord or lessor that obtained judgment)  _____ (Address of landlord or lessor)  <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and  <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.  <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

<b>Voluntary Petition</b> (This page must be completed and filed in every case)		Name of Debtor(s): <b>Triplett, Cindy C</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b> I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> <u>/s/ Cindy C Triplett</u> Signature of Debtor <b>Cindy C Triplett</b>  <b>X</b> _____ Signature of Joint Debtor  _____ Telephone Number (If not represented by attorney) <b>August 15, 2008</b> Date		<b>Signature of a Foreign Representative</b> I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only <b>one</b> box.) <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached. <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  <b>X</b> _____ Signature of Foreign Representative  _____ Printed Name of Foreign Representative  _____ Date	
<b>Signature of Attorney*</b>  <b>X</b> <u>/s/ Troy L Gleason</u> Signature of Attorney for Debtor(s) <b>Troy L Gleason 6276510</b> Printed Name of Attorney for Debtor(s) <b>Gleason &amp; Gleason</b> Firm Name <b>77 W Washington, Ste 1218</b> Address <b>Chicago, IL 60602</b> <b>(312) 578-9530</b> Telephone Number <b>August 15, 2008</b> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Petition Preparer</b> I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address   <b>X</b> _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.  _____ Date  Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:   If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b> I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.  <b>X</b> _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

Page 4 of 50  
United States Bankruptcy Court  
Northern District of Illinois

IN RE:

Triplett, Cindy C

Debtor(s)

Case No. \_\_\_\_\_

Chapter 13

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE  
WITH CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☐ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Cindy C Triplett

Date: August 15, 2008

## UNITED STATES BANKRUPTCY COURT

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)  
OF THE BANKRUPTCY CODE**

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In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

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### **1. Services Available from Credit Counseling Agencies**

**With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis.** The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

**In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge.** The clerk also has a list of approved financial management instructional courses.

### **2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors**

#### **Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)**

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

#### **Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)**

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

### **Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)**

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

### **3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials**

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

### **Certificate of [Non-Attorney] Bankruptcy Petition Preparer**

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer  
Address:

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)  
(Required by 11 U.S.C. § 110.)

**X** \_\_\_\_\_

Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

### **Certificate of the Debtor**

I (We), the debtor(s), affirm that I (we) have received and read this notice.

**Triplett, Cindy C**

Printed Name(s) of Debtor(s)

**X /s/ Cindy C Triplett**

Signature of Debtor

**8/15/2008**

Date

Case No. (if known) \_\_\_\_\_

**X** \_\_\_\_\_

Signature of Joint Debtor (if any)

Date

**United States Bankruptcy Court**  
**Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Triplett, Cindy C**Chapter **13**

Debtor(s)

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 7,793.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	3		\$ 48,985.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 2,726.08
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 2,592.08
<b>TOTAL</b>		<b>14</b>	<b>\$ 7,793.00</b>	<b>\$ 48,985.00</b>	

Page 8 of 50  
**United States Bankruptcy Court**  
**Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Triplett, Cindy C**

Chapter **13**

Debtor(s)

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ <b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ <b>2,726.08</b>
Average Expenses (from Schedule J, Line 18)	\$ <b>2,592.08</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>3,750.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>48,985.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>48,985.00</b>

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE Triplett, Cindy C

Debtor(s)

Case No.

(If known)

### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		<b>Checking Account</b>		<b>30.00</b>
		<b>Savings Account</b>		<b>13.00</b>
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		<b>Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece</b>		<b>1,000.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		<b>Clothing</b>		<b>250.00</b>
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		<b>Term life - - No cash surrender value</b>		<b>0.00</b>
		<b>Term life - through work - No cash surrender value</b>		<b>0.00</b>
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		<b>403B</b>		<b>6,500.00</b>
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Triplett, Cindy C

Case No. \_\_\_\_\_

Debtor(s)

(If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			

IN RE Triplett, Cindy C Debtor(s) Case No. (If known)

**SCHEDULE B - PERSONAL PROPERTY**  
**(Continuation Sheet)**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			
<b>TOTAL</b>				<b>7,793.00</b>

0 continuation sheets attached

(Include amounts from any continuation sheets attached.  
 Report total also on Summary of Schedules.)

IN RE Triplett, Cindy C

Debtor(s)

Case No.

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**

Debtor elects the exemptions to which debtor is entitled under:  
(Check one box)

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

- ☐ 11 U.S.C. § 522(b)(2)  
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
<b><u>SCHEDULE B - PERSONAL PROPERTY</u></b>			
Checking Account	735 ILCS 5 §12-1001(b)	30.00	30.00
Savings Account	735 ILCS 5 §12-1001(b)	13.00	13.00
Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
403B	735 ILCS 5 §12-1006(a)	6,500.00	6,500.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable, report  
also on Statistical  
Summary of Certain  
Liabilities and Related  
Data.)

IN RE Triplett, Cindy C

Debtor(s)

Case No.

(If known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

0 continuation sheets attached

IN RE Triplett, Cindy C

Debtor(s)

Case No.

(If known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>Chase Cardmember Services PO Box 15298 Wilmington, DE 19850-5298</b>		<b>Collections</b>				<b>1.00</b>
ACCOUNT NO. <b>Capital Management Services 726 Exchange St Ste 700 Buffalo, NY 14210-1484</b>		<b>Assignee or other notification for: Chase</b>				
ACCOUNT NO. <b>Evergreen Medical Specialists</b>		<b>Unknown account opened 1/04</b>				<b>365.00</b>
ACCOUNT NO. <b>Medical Collections Sy 725 S Wells St Ste 700 Chicago, IL 60607-4578</b>		<b>Assignee or other notification for: Evergreen Medical Specialists</b>				

<b>2</b> continuation sheets attached	Subtotal (Total of this page)	\$ <b>366.00</b>
(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	Total	\$

IN RE Triplett, Cindy C

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5433628753570161  First Premier Bank 3820 N Louise Ave Sioux Falls, SD 57107-0145		Revolving account opened 1/03				402.00
ACCOUNT NO. 17253  Hallett & Sons Movers 7535 W 95th Summit Argo, IL 60501		Collections				575.00
ACCOUNT NO.  Illinois Department Of Employment Securi Attn Bankruptcy 3rd Fl 401 S State St Chicago, IL 60605-1229		overpayment				1,200.00
ACCOUNT NO. 08M1-112594  Lance And Chasti Thomas C/O Jay K Levy And Assoc 155 Revere Dr Ste 2 Northbrook, IL 60062-1558		Lawsuit				3,300.00
ACCOUNT NO. 07M1-189805  Midland Funding C/O Blatt Hasenmiller 125 S Wacker Dr Ste 400 Chicago, IL 60606-4440		Judgment				1,636.00
ACCOUNT NO. 93017789662000520070717  Sallie Mae Servicing PO Box 9500 Wilkes Barre, PA 18773-9500		Installment account opened 7/07				12,588.00
ACCOUNT NO. 4146830001977179  Salute/utb PO Box 105555 Atlanta, GA 30348-5555		Revolving account opened 5/07				973.00

Sheet no. 1 of 2 continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **20,674.00**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$

IN RE Triplett, Cindy C

Debtor(s)

Case No.

(If known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
**(Continuation Sheet)**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>5259830017478832</b> <b>Tribute/fbofd</b> <b>PO Box 105555</b> <b>Atlanta, GA 30348-5555</b>		<b>Revolving account opened 4/07</b>				<b>556.00</b>
ACCOUNT NO. <b>9003030577</b> <b>University Of Phoenix</b> <b>4615 E Elwood St Fl 3</b> <b>Phoenix, AZ 85040-1958</b>		<b>Open account opened 12/04</b>				<b>1,190.00</b>
ACCOUNT NO. <b>4161</b> <b>Us Dept Of Education</b> <b>501 Bleecker St</b> <b>Utica, NY 13501-2401</b>		<b>Installment account opened 1/06</b>				<b>26,199.00</b>
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **2** of **2** continuation sheets attached to  
 Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal  
 (Total of this page) \$ **27,945.00**

Total  
 (Use only on last page of the completed Schedule F. Report also on  
 the Summary of Schedules, and if applicable, on the Statistical  
 Summary of Certain Liabilities and Related Data.) \$ **48,985.00**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE **Triplett, Cindy C**

Debtor(s)

Case No. \_\_\_\_\_

(If known)

**SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)**

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status <b>Single</b>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S):	AGE(S): <b>10</b> <b>6</b>
EMPLOYMENT: DEBTOR		SPOUSE
Occupation <b>Accountant</b> Name of Employer <b>University Of Chicago Office Of The Bursar</b> How long employed <b>5 years</b> Address of Employer <b>5801 S Ellis Ave Rm 101</b> <b>Chicago, IL 60637-5418</b>		

**INCOME:** (Estimate of average or projected monthly income at time case filed)

1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)

DEBTOR	SPOUSE
\$ <b>3,750.00</b>	\$ _____
\$ _____	\$ _____

2. Estimated monthly overtime

\$ _____	\$ _____
----------	----------

**3. SUBTOTAL**

\$ <b>3,750.00</b>	\$ _____
--------------------	----------

**4. LESS PAYROLL DEDUCTIONS**

a. Payroll taxes and Social Security

\$ <b>773.69</b>	\$ _____
------------------	----------

b. Insurance

\$ <b>87.73</b>	\$ _____
-----------------	----------

c. Union dues

\$ _____	\$ _____
----------	----------

d. Other (specify) **403B**

\$ <b>162.50</b>	\$ _____
------------------	----------

\$ _____	\$ _____
----------	----------

**5. SUBTOTAL OF PAYROLL DEDUCTIONS**

\$ <b>1,023.92</b>	\$ _____
--------------------	----------

**6. TOTAL NET MONTHLY TAKE HOME PAY**

\$ <b>2,726.08</b>	\$ _____
--------------------	----------

7. Regular income from operation of business or profession or farm (attach detailed statement)

\$ _____	\$ _____
----------	----------

8. Income from real property

\$ _____	\$ _____
----------	----------

9. Interest and dividends

\$ _____	\$ _____
----------	----------

10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above

\$ _____	\$ _____
----------	----------

11. Social Security or other government assistance

(Specify) \_\_\_\_\_

\$ _____	\$ _____
----------	----------

\_\_\_\_\_

\$ _____	\$ _____
----------	----------

12. Pension or retirement income

\$ _____	\$ _____
----------	----------

13. Other monthly income

(Specify) \_\_\_\_\_

\$ _____	\$ _____
----------	----------

\_\_\_\_\_

\$ _____	\$ _____
----------	----------

\_\_\_\_\_

\$ _____	\$ _____
----------	----------

**14. SUBTOTAL OF LINES 7 THROUGH 13**

\$ _____	\$ _____
----------	----------

**15. AVERAGE MONTHLY INCOME** (Add amounts shown on lines 6 and 14)

\$ <b>2,726.08</b>	\$ _____
--------------------	----------

**16. COMBINED AVERAGE MONTHLY INCOME:** (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ <b>2,726.08</b>
--------------------

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

**None**

IN RE Triplett, Cindy C

Debtor(s)

Case No.

(If known)

**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	<b>1,000.00</b>
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities:		
a. Electricity and heating fuel	\$	<b>100.00</b>
b. Water and sewer	\$	
c. Telephone	\$	<b>97.00</b>
d. Other	\$	
3. Home maintenance (repairs and upkeep)	\$	
4. Food	\$	<b>500.00</b>
5. Clothing	\$	<b>50.00</b>
6. Laundry and dry cleaning	\$	<b>50.00</b>
7. Medical and dental expenses	\$	<b>20.08</b>
8. Transportation (not including car payments)	\$	<b>200.00</b>
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	
10. Charitable contributions	\$	
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	
b. Life	\$	
c. Health	\$	
d. Auto	\$	
e. Other	\$	
12. Taxes (not deducted from wages or included in home mortgage payments)		
(Specify)	\$	
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	
b. Other	\$	
14. Alimony, maintenance, and support paid to others	\$	
15. Payments for support of additional dependents not living at your home	\$	
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	
17. Other <b>Child Care</b>	\$	<b>500.00</b>
<b>Personal Care &amp; Grooming</b>	\$	<b>75.00</b>

**18. AVERAGE MONTHLY EXPENSES** (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ **2,592.08**

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:  
**None**

**20. STATEMENT OF MONTHLY NET INCOME**

a. Average monthly income from Line 15 of Schedule I	\$	<b>2,726.08</b>
b. Average monthly expenses from Line 18 above	\$	<b>2,592.08</b>
c. Monthly net income (a. minus b.)	\$	<b>134.00</b>

IN RE Triplett, Cindy C

Debtor(s)

Case No.

(If known)

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 16 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: **August 15, 2008** Signature: **/s/ Cindy C Triplett**  
**Cindy C Triplett**

Debtor

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Joint Debtor, if any)  
[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.*

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the \_\_\_\_\_ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Print or type name of individual signing on behalf of debtor)

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
Northern District of Illinois**

IN RE:

Case No. \_\_\_\_\_

Triplett, Cindy C

Chapter 13

Debtor(s)

**STATEMENT OF FINANCIAL AFFAIRS**

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

*DEFINITIONS*

*"In business."* A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

*"Insider."* The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

**1. Income from employment or operation of business**

- None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

**3,750.00 2008 income from employment (monthly)****35,156.00 2007 income from employment****32,000.00 2006 income from employment**

**2. Income other than from employment or operation of business**

- None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**3. Payments to creditors**

*Complete a. or b., as appropriate, and c.*

- None ☒ *a. Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ *b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ *c. All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
<b>Midland Funding v Triplett 07M1-189805</b>	<b>Civil</b>	<b>Cook</b>	<b>Judgment</b>
<b>Thomas v Triplett 08M1-112594</b>	<b>Civil</b>	<b>Cook</b>	<b>Pending</b>

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Gleason &amp; Gleason 77 W Washington, Ste 1218 Chicago, IL 60602</b>		

#### 10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

#### 15. Prior address of debtor

None ☒ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

- None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

**18. Nature, location and name of business**

- None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

- None ☒ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **August 15, 2008** Signature **/s/ Cindy C Triplett**  
of Debtor **Cindy C Triplett**

Date: \_\_\_\_\_ Signature \_\_\_\_\_  
of Joint Debtor  
(if any)

\_\_\_\_\_ **0** continuation pages attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.*

United States Bankruptcy Court  
Northern District of Illinois

IN RE:

Case No. \_\_\_\_\_

Triplett, Cindy C

Chapter 13

Debtor(s)

**VERIFICATION OF CREDITOR MATRIX**

Number of Creditors 13

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: August 15, 2008

/s/ Cindy C Triplett

Debtor

\_\_\_\_\_  
Joint Debtor

**United States Bankruptcy Court  
Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Triplett, Cindy C**Chapter **13**

Debtor(s)

**RIGHTS AND RESPONSIBILITIES AGREEMENT  
BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS**

(Model Retention Agreement, revised as of May 1, 2007)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure—but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from by their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved the following agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys. By signing this agreement, debtors and their attorneys accept these responsibilities.

***BEFORE THE CASE IS FILED*****THE DEBTOR AGREES TO:**

1. Discuss with the attorney the debtor's objectives in filing the case.
2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

**THE ATTORNEY AGREES TO:**

1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy rule and explain how and when the attorney's fees and the trustee's fees are determined and paid.
3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
6. Advise the debtor of the need to maintain appropriate insurance.

***AFTER THE CASE IS FILED*****THE DEBTOR AGREES TO:**

1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor will also

bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.

3. Notify the attorney of any change in the debtor's address or telephone number.
4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
9. Supply the attorney with copies of all tax returns filed while the case is pending.

#### THE ATTORNEY AGREES TO:

1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
7. Timely prepare, file, and serve any necessary statements, amended statements and schedules and any change of address, in accordance with information provided by the debtor.
8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
9. Be available to respond to the debtor's questions throughout the term of the plan.
10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
12. Object to improper or invalid claims.
13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
14. Timely respond to motions for relief from stay.
15. Prepare, file, and serve all appropriate motions to avoid liens.
16. Provide any other legal services necessary for the administration of the case.
17. In the event that the case is converted to Chapter 7, provide any other legal services which may be necessary consistent with the attorney's responsibilities under Local Bankruptcy Rule 2090-5, with such additional fees as may be appropriate.

**ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES**

1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a fee of

\$ 3,500.00 .

In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

2. *Early termination of the case.* Fees payable under the provisions set out above are not refundable in the event that the case is dismissed, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If a dismissal is due to such a failure by the attorney, the court may order a refund of fees on motion by the debtor.

3. *Retainers.* The attorney may receive a retainer or other payment before filing the case, but may not receive fees directly from the debtor after the filing of the case. In any application for fees, whether or not requiring an itemization, the attorney shall disclose to the court any fees paid by the debtor prior to the case filing.

4. *Improper conduct by the attorney.* If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.

5. *Improper conduct by the debtor.* If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise not engaging in proper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.

6. *Discharge of the attorney.* The debtor may discharge the attorney at any time.

Date: August 15, 2008

Signed:

/s/ Cindy C Triplett

Debtor

Joint Debtor

/s/ Troy L Gleason

Attorney

*Do not sign if the fee amount at top of this page is blank.*

Triplett, Cindy C  
8211 S Marshfield Ave # 3  
Chicago, IL 60620-4632

Sallie Mae Servicing  
PO Box 9500  
Wilkes Barre, PA 18773-9500

Gleason & Gleason  
77 W Washington, Ste 1218  
Chicago, IL 60602

Salute/utb  
PO Box 105555  
Atlanta, GA 30348-5555

Capital Management Services  
726 Exchange St Ste 700  
Buffalo, NY 14210-1484

Tribute/fbofd  
PO Box 105555  
Atlanta, GA 30348-5555

Chase  
Cardmember Services  
PO Box 15298  
Wilmington, DE 19850-5298

University Of Phoenix  
4615 E Elwood St Fl 3  
Phoenix, AZ 85040-1958

First Premier Bank  
3820 N Louise Ave  
Sioux Falls, SD 57107-0145

Us Dept Of Education  
501 Bleecker St  
Utica, NY 13501-2401

Hallett & Sons Movers  
7535 W 95th  
Summit Argo, IL 60501

Illinois Department Of Employment Securi  
Attn Bankruptcy 3rd Fl  
401 S State St  
Chicago, IL 60605-1229

Lance And Chasti Thomas  
C/O Jay K Levy And Assoc  
155 Revere Dr Ste 2  
Northbrook, IL 60062-1558

Medical Collections Sy  
725 S Wells St Ste 700  
Chicago, IL 60607-4578

Midland Funding  
C/O Blatt Hasenmiller  
125 S Wacker Dr Ste 400  
Chicago, IL 60606-4440

Page 33 of 50

COMPENSATION/EARNINGS			
CODE	DESCRIPTION	HOURS	AMOUNT
REG	REGULAR		3750.00
TOTAL COMPENSATION			
			3750.00

PAY PERIOD: 08/05/31 08/05/30  
 ADVISE DATE: 08/05/30

## NAME/EID/PERMANENT MAILING ADDRESS

NAME: CINDY TRIPLET  
 EID: 71549708V  
 ADDR: P.O. BOX 20946  
 CHICAGO IL 60620

## INFORMATIONAL MESSAGES

2008 IRS TAX TABLES ARE IN EFFECT.  
 FICA OASDI RATES: 6.2% ON TAXABLE  
 GROSS OF \$102,000. MAX DEDUCTION  
 IS \$6,324.00.

DEDUCTIONS		
CODE	DESCRIPTION	YEAR-TO-DATE
272	PTX HMO-ILL	245.00
522	PTX MET DENT CP	89.55
020	FICA/OASDI	1141.76
036	MEDICARE	267.02
238	DEF ECRP VNGD	562.50
242	DEF SRA VNGD	250.00
022	FEDERAL TAX	1931.55
025	STATE TAX	528.10
283	LTD UC	64.05
280	GROUP LIFE	26.05
282	PERS ACCDT	14.00
359	CREDIT UNION UC	400.00
355	ATHLETIC FACIL	125.00
519	GEMS REIMBRMNT	861.00
TOTAL DEDUCTIONS		1123.91

## TAX WITHHOLDING INFORMATION

FEDERAL		STATE		CODE
REGULAR	ADDL	REGULAR	ADDL	
S-02	00	S-00	00	0014-IL

This is a record of your earnings and deductions for the pay period indicated above. Please retain for tax purposes.

COMPENSATION		
	CURRENT AMOUNT	YEAR-TO-DATE
SUBJECT TO WITHHOLDING	3,520.59	17,602.95
NON TAXABLE		
PRE-TAX	66.91	334.55
DEFERRED	162.50	812.50
OTHER		
Total Compensation	3,750.00	18,750.00
LESS TOTAL DEDUCTIONS	1,123.91	
AMOUNT OF CHECK	2,626.09	

Employees Earnings  
Statement



## THE UNIVERSITY OF CHICAGO

ADVICE  
NO. 669264

YOUR NET PAY IN THE AMOUNT OF \$2,626.09  
 WAS DEPOSITED IN ACCOUNT NUMBER XXXXX6569031  
 AT BANK OF AMERICA (TRANSIT NO 071103619)  
 CHICAGO, IL 60616

\*\*\* PRIVATE AND CONFIDENTIAL \*\*\*

CINDY TRIPLET  
 DELIVERY CODE MO-8064320  
 P.O. BOX 20946  
 CHICAGO IL 60620

THIS IS NOT A CHECK - NOT NEGOTIABLE

PAY PERIOD END.	ADVICE DATE
08/04/30	08/04/30
NAME/EID/PERMANENT MAILING ADDRESS	
NAME EID.	CINDY TRIPLETT 71549708V
ADDR.	P.O. BOX 20946 CHICAGO IL 60620

-----  
 2008 IRS TAX TABLES ARE IN EFFECT.  
 FICA OASDI RATES: 6.2% ON TAXABLE  
 GROSS OF \$102,000. MAX DEDUCTION  
 IS \$6,324.00.

TAX WITHHOLDING INFORMATION				
FEDERAL		STATE		
REGULAR	ADDL.	REGULAR	ADDL.	CODE
S-02	00	S-00	00	0014-II

This is a record of your earnings and deductions for the pay period indicated above. Please retain for tax purpose

COMPENSATION		
	CURRENT AMOUNT	YEAR-TO-DATE
SUBJECT TO WITHHOLDING	3,520.59	14,082.36
NON TAXABLE		
PRE-TAX	66.91	267.64
DEFERRED	162.50	650.00
OTHER		
Total Compensation	3,750.00	15,000.00
LESS TOTAL DEDUCTIONS	1,123.93	
AMOUNT OF CHECK	2,626.07	

**Employees Earnings Statement**



**ADVICE**  
**NO.** 656754

YOUR NET PAY IN THE AMOUNT OF \$2,626.07  
WAS DEPOSITED IN ACCOUNT NUMBER XXXXX6569031  
AT BANK OF AMERICA (TRANSIT NO 071103619)  
CHICAGO, IL 60616

\*\*\* PRIVATE AND CONFIDENTIAL \*\*\*

CINDY TRIPLETT  
DELIVERY CODE MO-8064320  
P.O. BOX 20946  
CHICAGO IL 60620

**THIS IS NOT A CHECK - NOT NEGOTIABLE**

COMPENSATION/EARNINGS				
CODE	DESCRIPTION	HOURS	RATE	AMOUNT
REG	REGULAR			3750.00
TOTAL COMPENSATION				3750.00

PAY PERIOD END	ADVICE DATE
08/03/31	08/03/31

## NAME/EID/PERMANENT MAILING ADDRESS

NAME CINDY TRIPLETT  
EID. 71549708V  
ADDR. P.O. BOX 20946  
CHICAGO IL 60620

## INFORMATIONAL MESSAGES

2008 IRS TAX TABLES ARE IN EFFECT.  
FICA OASDI RATES: 6.2% ON TAXABLE  
GROSS OF \$102,000. MAX DEDUCTION  
IS \$6,324.00.

DEDUCTIONS		
CODE	DESCRIPTION	YEAR-TO-DATE
272	PTX HMO-ILL	147.00
522	PTX MET DENT CP	53.73
020	FICA/OASDI	685.05
036	MEDICARE	160.21
238	DEF ECRP VNGD	337.50
242	DEF SRA VNGD	150.00
022	FEDERAL TAX	1158.93
025	STATE TAX	316.86
283	LTD UC	38.43
280	GROUP LIFE	15.63
282	PERS ACCDT	8.40
359	CREDIT UNION UC	200.00
355	ATHLETIC FACIL	125.00
519	GEMS REIMBRMNT	861.00
TOTAL DEDUCTIONS		1123.91

## TAX WITHHOLDING INFORMATION

FEDERAL		STATE		CODE
REGULAR	ADDL.	REGULAR	ADDL.	
S-02	00	S-00	00	0014-IL

This is a record of your earnings and deductions for the pay period indicated above. Please retain for tax purposes.

## COMPENSATION

	CURRENT AMOUNT	YEAR-TO-DATE
SUBJECT TO WITHHOLDING	3,520.59	10,561.77
NON TAXABLE		
PRE-TAX	66.91	200.73
DEFERRED	162.50	487.50
OTHER		
Total Compensation	3,750.00	11,250.00
LESS TOTAL DEDUCTIONS	1,123.91	
AMOUNT OF CHECK	2,626.09	

Employees Earnings  
Statement



## THE UNIVERSITY OF CHICAGO

ADVICE  
NO. 644580

YOUR NET PAY IN THE AMOUNT OF \$2,626.09  
WAS DEPOSITED IN ACCOUNT NUMBER 002916569031  
AT BANK OF AMERICA (TRANSIT NO 071103619)  
CHICAGO, IL 60616

\*\*\* PRIVATE AND CONFIDENTIAL \*\*\*

CINDY TRIPLETT  
DELIVERY CODE MO-8064320  
P.O. BOX 20946  
CHICAGO IL 60620

THIS IS NOT A CHECK - NOT NEGOTIABLE

COMPENSATION/EARNINGS  
CODE DESCRIPTION  
REG REGULAR  
TOTAL COMPENSATION 3750.00

Case 08-21546 Doc 1-1 Filed 08/15/08 Entered 08/15/08 17:29:04 Desc Petition  
Page 36 of 50  
NO. 448351

NAME / SSN / PERMANENT MAILING ADDRESS  
CINDY TRIPLETT  
NAME SSN ADDR.  
INFORMATIONAL MESSAGES

DEDUCTIONS  
CODE DESCRIPTION CURRENT AMT. YEAR-TO-DATE  
020 FICA/OASDI 228.35  
036 MEDICARE 53.41  
022 FEDERAL TAX 386.31  
025 STATE TAX 105.62  
238 DEF ECRP VNG 112.50  
242 DEF SRA VNGD 50.00  
355 ATHLETIC FAC 62.50  
359 CREDIT UNION 100.00  
272 PTX HMO-ILL 49.00  
522 PTX MET DENT 17.91  
283 LTD UC 12.81  
280 GROUP LIFE 5.21  
282 PERS ACCDT 2.80  
TOTAL 1186.42

TAX WITHHOLDING INFORMATION  
FEDERAL STATE  
REGULAR ADDL. REGULAR ADDL. CODE  
THIS IS A RECORD OF YOUR EARNINGS AND DEDUCTIONS FOR THE PAY PERIOD INDICATED ABOVE. PLEASE RETAIN FOR TAX PURPOSES.

COMPENSATION  
SUBJECT TO WITHHOLDING 3520.59  
NON TAXABLE  
PRE-TAX 66.91  
DEFERRED 162.50  
OTHER  
TOTAL COMPENSATION 3750.00  
LESS TOTAL DEDUCTIONS 1186.42  
AMOUNT OF CHECK 2563.58

EMPLOYEES EARNINGS STATEMENT  
DETACH THIS STUB BEFORE CASHING CHECK

COMPENSATION/EARNINGS				
CODE	DESCRIPTION	HOURS	RATE	AMOUNT
REG	REGULAR			3750.00
TOTAL COMPENSATION				3750.00

PAY PERIOD END: 08/01/31  
ADVICE DATE: 08/01/31

## NAME/EID/PERMANENT MAILING ADDRESS

NAME: CINDY TRIPLETT  
EID: 71549708V

ADDR: P.O. BOX 20946  
CHICAGO

IL 60620

## INFORMATIONAL MESSAGES

THE PAYROLL DEPT HAS BEGUN PRINTING  
YOUR CHICAGO ID ON YOUR PAY STUB.  
FOR MORE INFO ON THIS NEW ID SEE:  
NSIT.UCHICAGO.EDU/SERVICES/CHICAGOID

DEDUCTIONS			
CODE	DESCRIPTION	CURRENT AMT.	YEAR-TO-DATE
272	PTX HMO-ILL	49.00	49.00
522	PTX MET DENT CP	17.91	17.91
020	FICA/OASDI	228.35	228.35
036	MEDICARE	53.40	53.40
238	DEF ECRP VNGD	112.50	112.50
242	DEF SRA VNGD	50.00	50.00
022	FEDERAL TAX	386.31	386.31
025	STATE TAX	105.62	105.62
283	LTD UC	12.81	12.81
280	GROUP LIFE	5.21	5.21
282	PERS ACCDT	2.80	2.80
355	ATHLETIC FACIL	62.50	62.50
TOTAL DEDUCTIONS		1086.41	

## TAX WITHHOLDING INFORMATION

FEDERAL		STATE		CODE
REGULAR	ADDL.	REGULAR	ADDL.	
S-02	00	S-00	00	0014-IL

This is a record of your earnings and deductions for the  
pay period indicated above. Please retain for tax purposes

COMPENSATION		
	CURRENT AMOUNT	YEAR-TO-DATE
SUBJECT TO WITHHOLDING	3,520.59	3,520.59
NON TAXABLE		
PRE-TAX	66.91	66.91
DEFERRED	162.50	162.50
OTHER		
Total Compensation	3,750.00	3,750.00
LESS TOTAL DEDUCTIONS	1,086.41	
AMOUNT OF CHECK	2,663.59	

Employees Earnings  
Statement



## THE UNIVERSITY OF CHICAGO

ADVICE  
NO. 620216

YOUR NET PAY IN THE AMOUNT OF \$2,663.59  
WAS DEPOSITED IN ACCOUNT NUMBER 002910342694  
AT BANK OF AMERICA (TRANSIT NO 071103619)  
CHICAGO, IL 60616

\*\*\* PRIVATE AND CONFIDENTIAL \*\*\*

CINDY TRIPLETT  
DELIVERY CODE MO-8064320  
P.O. BOX 20946  
CHICAGO IL 60620

THIS IS NOT A CHECK - NOT NEGOTIABLE

COMPENSATION/EARNINGS		HOURS	RATE	AMOUNT
CODE	DESCRIPTION			
REG	REGULAR			3750.00
TOTAL COMPENSATION				3750.00

PAY PERIOD END: 08/06/30  
ADVICE DATE: 08/06/30

NAME/EID/PERMANENT MAILING ADDRESS  
NAME: CINDY TRIPLETT  
EID: 71549708V  
ADDR: P.O. BOX 20946  
CHICAGO IL 60620

## INFORMATIONAL MESSAGES

2008 IRS TAX TABLES ARE IN EFFECT.  
FICA OASDI RATES: 6.2% ON TAXABLE  
GROSS OF \$102,000. MAX DEDUCTION  
IS \$6,324.00.

DEDUCTIONS		CURRENT AMT.	YEAR-TO-DATE
CODE	DESCRIPTION		
272	PTX HMO-ILL	49.00	294.00
522	PTX MET DENT CP	17.91	107.46
020	FICA/OASDI	228.35	1370.11
036	MEDICARE	53.41	320.43
238	DEF ECRP VNGD	112.50	675.00
242	DEF SRA VNGD	50.00	300.00
022	FEDERAL TAX	386.31	2317.86
025	STATE TAX	105.62	633.72
283	LTD UC	12.81	76.86
280	GROUP LIFE	5.21	31.26
282	PERS ACCDT	2.80	16.80
359	CREDIT UNION UC	100.00	500.00
355	ATHLETIC FACIL		125.00
519	GEMS REIMBRSMNT		861.00
TOTAL DEDUCTIONS		1123.92	

TAX WITHHOLDING INFORMATION				
FEDERAL	STATE	REGULAR	ADDL.	CODE
REGULAR	ADDL.	REGULAR	ADDL.	CODE
S-02	00	S-00	00	0014-IL

This is a record of your earnings and deductions for the pay period indicated above. Please retain for tax purposes

COMPENSATION		
	CURRENT AMOUNT	YEAR-TO-DATE
SUBJECT TO WITHHOLDING	3,520.59	21,123.54
NON TAXABLE		
PRE-TAX	66.91	401.46
DEFERRED	162.50	975.00
OTHER		
Total Compensation	3,750.00	22,500.00
LESS TOTAL DEDUCTIONS	1,123.92	
AMOUNT OF CHECK	2,626.08	

ADVICE NO. 684596



## THE UNIVERSITY OF CHICAGO

YOUR NET PAY IN THE AMOUNT OF \$2,626.08  
WAS DEPOSITED IN ACCOUNT NUMBER XXXXX6569031  
AT BANK OF AMERICA (TRANSIT NO 071103619)  
CHICAGO, IL 60616

\*\*\* PRIVATE AND CONFIDENTIAL \*\*\*

CINDY TRIPLETT  
DELIVERY CODE MO-8064320  
P.O. BOX 20946  
CHICAGO IL 60620

THIS IS NOT A CHECK - NOT NEGOTIABLE

COMPENSATION/EARNINGS			
CODE	DESCRIPTION	HOURS	AMOUNT
REG	REGULAR		3900.00
TOTAL COMPENSATION			3900.00

PAY PERIOD END	ADVICE DATE
08/07/31	08/07/31

## NAME/EID/PERMANENT MAILING ADDRESS

NAME CINDY TRIPLETT  
EID. 71549708V  
ADDR. P.O. BOX 20946  
CHICAGO IL 60620

## INFORMATIONAL MESSAGES

2008 IRS TAX TABLES ARE IN EFFECT.  
FICA OASDI RATES: 6.2% ON TAXABLE  
GROSS OF \$102,000. MAX DEDUCTION  
IS \$6,324.00.

DEDUCTIONS			
CODE	DESCRIPTION	CURRENT AMT.	YEAR-TO-DATE
272	PTX HMO-ILL	49.00	343.00
522	PTX MET DENT CP	17.91	125.37
020	FICA/OASDI	237.65	1607.76
036	MEDICARE	55.58	376.01
238	DEF ECRP VNGD	117.00	792.00
242	DEF SRA VNGD	50.00	350.00
022	FEDERAL TAX	422.69	2740.55
025	STATE TAX	109.98	743.70
283	LTD UC	13.56	90.42
280	GROUP LIFE	5.46	36.72
282	PERS ACCDT	2.80	19.60
359	CREDIT UNION UC	100.00	600.00
355	ATHLETIC FACIL		125.00
519	GEMS REIMBRSMNT		861.00
TOTAL DEDUCTIONS		1181.63	

## TAX WITHHOLDING INFORMATION

FEDERAL		STATE		CODE
REGULAR	ADDL.	REGULAR	ADDL.	
S-02	00	S-00	00	0014-IL

This is a record of your earnings and deductions for the pay period indicated above. Please retain for tax purposes

## COMPENSATION

	CURRENT AMOUNT	YEAR-TO-DATE
SUBJECT TO WITHHOLDING	3,666.09	24,789.63
NON TAXABLE		
PRE-TAX	66.91	468.37
DEFERRED	167.00	1,142.00
OTHER		
Total Compensation	3,900.00	26,400.00
LESS TOTAL DEDUCTIONS	1,181.63	
AMOUNT OF CHECK	2,718.37	

## Employees Earnings Statement



## THE UNIVERSITY OF CHICAGO

ADVICE NO. 696428

YOUR NET PAY IN THE AMOUNT OF \$2,718.37  
WAS DEPOSITED IN ACCOUNT NUMBER XXXXX6569031  
AT BANK OF AMERICA (TRANSIT NO 071103619)  
CHICAGO, IL 60616

\*\*\* PRIVATE AND CONFIDENTIAL \*\*\*

CINDY TRIPLETT  
DELIVERY CODE MO-8064320  
P.O. BOX 20946  
CHICAGO IL 60620

THIS IS NOT A CHECK - NOT NEGOTIABLE

**United States Bankruptcy Court  
Northern District of Illinois**

**IN RE:**

Case No. \_\_\_\_\_

**Triplett, Cindy C**Chapter **13**

Debtor(s)

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$ **3,500.00**

Prior to the filing of this statement I have received ..... \$ \_\_\_\_\_

Balance Due ..... \$ **3,500.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
  - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**August 15, 2008**

Date

**/s/ Troy L Gleason**

Signature of Attorney

**Gleason & Gleason**

Name of Law Firm

Certificate Number: 00437-ILN-CC-004684175

### **CERTIFICATE OF COUNSELING**

I CERTIFY that on August 15, 2008, at 8:44 o'clock AM MDT,

Cindy Triplett received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: August 15, 2008

By /s/Aubrey Hunter

Name Aubrey Hunter

Title Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. \_\_\_\_\_

Triplett, Cindy C

Debtor(s)

Chapter 13

**DECLARATION REGARDING ELECTRONIC FILING**

Signed by Debtor(s) or Corporate Representative

**To Be Used When Filing over the Internet**

**PART I - DECLARATION OF PETITIONER**

Date: August 14, 2008

**A. To be completed in all cases.**

I (We) Cindy C Triplett and \_\_\_\_\_, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

**B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.**

- ☐ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

**C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.**

- ☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature:   
(Debtor or Corporate Officer, Partner or Member)

Signature: \_\_\_\_\_  
(Joint Debtor)

**Label**  
(See instructions.)  
**Use the IRS label.**  
Otherwise, please print or type.

**Presidential Election Campaign**  
(See instructions.)

**Filing Status**  
Check only one box.

**Exemptions**  
If more than four dependents, see instructions.

**Income**  
Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.  
If you did not get a W-2, see instructions.  
Enclose, but do not attach, any payment. Also, please use Form 1040-V.

**Adjusted Gross Income**

**For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.**

**Important!**  
You must enter your SSN(s) above.

**Note.** Checking "Yes" will not change your tax or reduce your refund.  
Do you, or your spouse if filing a joint return, want \$3 to go to this fund? ☐ Yes ☒ No ☐ Yes ☐ No

**4** ☒ Head of household (with qualifying person). (See instr.)  
If the qualifying person is a child but not your dependent, enter this child's name here. ☐ Qualifying widow(er) with dependent child (see instr.)

**6 a** ☒ Yourself. If someone can claim you as a dependent, do not check box 6a  
**b** ☐ Spouse  
**c Dependents:**

(1) First name	Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> If qualifying child for child tax credit (see instr.)
LARRY L	BATES JR	344-94-9657	SON	<input checked="" type="checkbox"/>
CYMPHONY C	BATES	352-98-7575	DAUGHTER	<input checked="" type="checkbox"/>

**d** Total number of exemptions claimed **3**

**7** Wages, salaries, tips, etc. Attach Form(s) W-2 **19,526**

**8 a** Taxable interest. Attach Schedule B if required **50**

**8 b** Tax-exempt interest. Do not include on line 8a **50**

**9 a** Ordinary dividends. Attach Schedule B if required

**9 b** Qualified dividends (see instructions)

**10** Taxable refunds, credits, or offsets of state and local income taxes (see instructions)

**11** Alimony received

**12** Business income or (loss). Attach Schedule C or C-EZ

**13** Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐

**14** Other gains or (losses). Attach Form 4797

**15 a** IRA distributions **15a**

**15 b** Taxable amount (see instr.)

**16 a** Pensions and annuities **16a**

**16 b** Taxable amount (see instr.) **205**

**17** Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

**18** Farm income or (loss). Attach Schedule F

**19** Unemployment compensation

**20 a** Social security benefits **20a**

**20 b** Taxable amount (see instr.) **1,835**

**21** Other income. List type and amount (see instructions)

**22** Add the amounts in the far right column for lines 7 through 21. This is your total income. **21,616**

**23** Educator expenses (see instructions)

**24** Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

**25** IRA deduction (see instructions)

**26** Student loan interest deduction (see instructions)

**27** Tuition and fees deduction (see instructions)

**28** Health savings account deduction. Attach Form 8889

**29** Moving expenses. Attach Form 3903

**30** One-half of self-employment tax. Attach Schedule SE

**31** Self-employed health insurance deduction (see instructions)

**32** Self-employed SEP, SIMPLE, and qualified plans

**33** Penalty on early withdrawal of savings

**34 a** Alimony paid **b** Recipient's SSN **34a**

**35** Add lines 23 through 34a **NONE**

**36** Subtract line 35 from line 22. This is your adjusted gross income **21,616**

<b>Tax and Credits</b>		37	Amount from line 36 (adjusted gross income) . . . . .	37	21,616
<b>Standard Deduction</b>		38 a	Check if: <input type="checkbox"/> You were born before January 2, 1940, <input type="checkbox"/> Blind. <input type="checkbox"/> Spouse was born before January 2, 1940. <input type="checkbox"/> Blind. Total boxes checked <b>38a</b>		
<b>Other Credits</b>		b	If your spouse itemizes on a separate return or you were a dual-status alien, see instr and check here <b>38b</b>		
<b>Itemized deductions (from Schedule A) or your standard deduction (see left margin)</b>		39	Itemized deductions (from Schedule A) or your standard deduction (see left margin) . . . . .	39	7,150
<b>Subtract line 39 from line 37</b>		40	Subtract line 39 from line 37 . . . . .	40	14,466
<b>Taxable income</b>		41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on line 6d. If line 37 is over \$107,025, see the worksheet in the instructions	41	9,300
<b>Tax</b>		42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0- . . . . .	42	5,166
<b>Alternative minimum tax</b>		43	Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 . . . . .	43	518
<b>Add lines 43 and 44</b>		44	Alternative minimum tax (see instructions). Attach Form 6251 . . . . .	44	
<b>Foreign tax credit</b>		45	Add lines 43 and 44 . . . . .	45	518
<b>Credit for child and dependent care expenses</b>		46	Foreign tax credit. Attach Form 1116 if required . . . . .	46	
<b>Education credits</b>		47	Credit for child and dependent care expenses. Attach Form 2441 . . . . .	47	
<b>Retirement savings contributions credit</b>		48	Credit for the elderly or the disabled. Attach Schedule R . . . . .	48	
<b>Child tax credit</b>		49	Education credits. Attach Form 8863 . . . . .	49	
<b>Adoption credit</b>		50	Retirement savings contributions credit. Attach Form 8880 . . . . .	50	3
<b>Credits from</b>		51	Child tax credit (see instructions) . . . . .	51	515
<b>Other credits</b>		52	Adoption credit. Attach Form 8839 . . . . .	52	
<b>Add lines 46 through 54. These are your total credits</b>		53	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 . . . . .	53	
<b>Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-</b>		54	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Specify . . . . .	54	
<b>Self-employment tax</b>		55	Add lines 46 through 54. These are your total credits . . . . .	55	518
<b>Social security and Medicare tax on tip income not reported to employer</b>		56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0- . . . . .	56	NONE
<b>Additional tax on IRAs, other qualified retirement plans, etc.</b>		57	Self-employment tax. Attach Schedule SE . . . . .	57	
<b>Advance earned income credit payments from Form(s) W-2</b>		58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 . . . . .	58	
<b>Household employment taxes</b>		59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required . . . . .	59	21
<b>Add lines 56 through 61. This is your total tax</b>		60	Advance earned income credit payments from Form(s) W-2 . . . . .	60	
<b>Federal income tax withheld from Forms W-2 and 1099</b>		61	Household employment taxes. Attach Schedule H . . . . .	61	
<b>2004 estimated tax payments and amount applied from 2003 return</b>		62	Add lines 56 through 61. This is your total tax . . . . .	62	21
<b>Earned income credit (EIC)</b>		63	Federal income tax withheld from Forms W-2 and 1099 Form 1099 . . . . .	63	1,567
<b>Nontaxable combat pay election</b>		64	2004 estimated tax payments and amount applied from 2003 return . . . . .	64	
<b>Excess social security and tier 1 RRTA tax withheld (see instructions)</b>		65a	Earned income credit (EIC) . . . . .	65a	2,703
<b>Additional child tax credit</b>		65b	b Nontaxable combat pay election <b>65b</b> . . . . .	65b	
<b>Amount paid with request for extension to file (see instructions)</b>		66	Excess social security and tier 1 RRTA tax withheld (see instructions) . . . . .	66	
<b>Other payments from</b>		67	Additional child tax credit. Attach Form 8812 . . . . .	67	1,316
<b>Add lines 63, 64, 65a, and 66 through 69. These are your total payments</b>		68	Amount paid with request for extension to file (see instructions) . . . . .	68	
<b>If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid</b>		69	Other payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885 . . . . .	69	
<b>Amount of line 71 you want refunded to you</b>		70	Add lines 63, 64, 65a, and 66 through 69. These are your total payments . . . . .	70	5,586
<b>Routing number</b>		71	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you overpaid . . . . .	71	5,565
<b>Account number</b>		72a	Amount of line 71 you want refunded to you . . . . .	72a	5,565
<b>Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings</b>		73	Routing number . . . . .		
<b>Amount of line 71 you want applied to your 2005 estimated tax</b>		74	Account number . . . . .		
<b>Amount you owe</b>		75	Amount of line 71 you want applied to your 2005 estimated tax <b>73</b> . . . . .	73	
<b>Estimated tax penalty (see instructions)</b>		76	Amount you owe. Subtract line 70 from line 62. For details on how to pay, see instructions . . . . .	74	
<b>Do you want to allow another person to discuss this return with the IRS (see instructions)?</b>		77	Estimated tax penalty (see instructions) . . . . .	75	NONE
<b>Designee's name</b>			Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> Yes. Complete the following. <input checked="" type="checkbox"/> No		
<b>Phone number</b>			Designee's name . . . . .		
<b>Personal identification number (PIN)</b>			Phone number . . . . .		
<b>Signature</b>			Personal identification number (PIN) . . . . .		
<b>Date</b>			Signature . . . . .		
<b>Your occupation</b>			Date . . . . .		
<b>Daytime phone number</b>			Your occupation . . . . .		
<b>Spouse's signature</b>			Daytime phone number . . . . .		
<b>Date</b>			Spouse's signature. If a joint return, both must sign. . . . .		
<b>Spouse's occupation</b>			Date . . . . .		
<b>Preparer's signature</b>			Spouse's occupation . . . . .		
<b>Date</b>			Preparer's signature . . . . .		
<b>Check if self-employed</b>			Date . . . . .		
<b>Preparer's SSN or PTIN</b>			Check if self-employed <input type="checkbox"/> . . . . .		
<b>Firm's name (or yours if self-employed)</b>			Preparer's SSN or PTIN . . . . .		
<b>Address and ZIP code</b>			Firm's name (or yours if self-employed) . . . . .		
<b>EIN</b>			Address and ZIP code . . . . .		
<b>Phone no.</b>			EIN . . . . .		
<b>(708) 371-5375</b>			Phone no. . . . .		

Form 1040 U.S. Individual Income Tax Return 2005 (99) IRS Use Only-Do not write or staple in this space. OMB No. 1545-0074

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning 2005, ending 20

**Label** (See instructions) **Use the IRS label.** Otherwise, please print or type.

Name Spouse's Name (if Joint Return) Home Address City, State, and ZIP Code  
CINDY TRIPLETT  
8211 S MARSHFIELD  
Chicago IL 60620-

Your social security number 326-80-4416  
Spouse's social security no.  
You must enter your SSN(s) above. ▲  
Checking a box below will not change your tax or refund.

**Presidential Election Campaign** Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see instructions) ☐ You ☐ Spouse

**Filing Status** 1 ☐ Single 4 ☒ Head of household (with qualifying person). (See instructions.)  
2 ☐ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. ▶  
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶ 5 ☐ Qualifying widow(er) with dependent child (see instructions)

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a 6b ☐ Spouse  
c Dependents: (2) Dependent's social security no. (3) Dependent's relationship to you (4) ☒ if qualifying child for child tax credit (see instr.)

(1) First name	Last name	(2) Dependent's social security no.	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instr.)
LARRY L	BATES JR	344-94-9657	SON	<input checked="" type="checkbox"/>
CYMPHONY C	BATES	352-98-7575	DAUGHTER	<input checked="" type="checkbox"/>

Boxes checked on 6a and 6b No. of children on 6c who:  
\* lived with you 2  
\* did not live with you due to divorce or separation (see instr.) 0  
Dependents on 6c not entered above 0  
Add numbers on lines above ▶ 3

d Total number of exemptions claimed 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 27,060.

**Income** Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld. If you did not get a W-2, see instructions.

Line	Description	Amount
8a	Taxable interest. Attach Schedule B if required	
b	Tax-exempt interest. Do not include on line 8a	8b
9a	Ordinary dividends. Attach Schedule B if required	
b	Qualified dividends (see instructions)	9b
10	Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	
11	Alimony received	
12	Business income or (loss). Attach Schedule C or C-EZ	
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>	
14	Other gains or (losses). Attach Form 4797	
15a	IRA distributions	15a
b	Taxable amount (see instr.)	15b
16a	Pensions and annuities	16a
b	Taxable amount (see instr.)	16b
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	
18	Farm income or (loss). Attach Schedule F	
19	Unemployment compensation	10,720.
20a	Social security benefits	20a
b	Taxable amount (see instr.)	20b
21	Other income. List type and amount (see instr.)	
22	Add the amounts in the far right column for lines 7 through 21. This is your total income	37,780.
23	Educator expenses (see instructions)	23
24	Certain business expenses of reservists, performing artists, and fee-basis gov. officials. Attach Form 2106 or 2106-EZ	24
25	Health savings account deduction. Attach Form 8889	25
26	Moving expenses. Attach Form 3903	26
27	One-half of self-employment tax. Attach Schedule SE	27
28	Self-employed SEP, SIMPLE, and qualified plans	28
29	Self-employed health insurance deduction (see instr.)	29
30	Penalty on early withdrawal of savings	30
31a	Alimony paid b Recipient's SSN ▶	31a
32	IRA deduction (see instructions)	32
33	Student loan interest deduction (see instructions)	33
34	Tuition and fees deduction (see instructions)	34
35	Domestic production activities deduction. Attach Form 8903	35
36	Add lines 23 through 31a and 32 through 35	36
37	Subtract line 36 from line 22. This is your adjusted gross income	37 37,780.

Adjusted Gross Income

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BCA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions Form 1040 (2005)

Form 1040 (2005)

CINDY TRIPLETT

Page 46 of 50 80-4416

Page 2

**Tax and Credits****Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instr.

• All others:  
Single, or Married filing separately, \$5,000

Married filing jointly or Qualifying widow(er), \$10,000

Head of household, \$7,300

38	Amount from line 37 (adjusted gross income)	38	37,780.
39a	Check <input type="checkbox"/> You were born before Jan. 2, 1941, <input type="checkbox"/> Blind. <input type="checkbox"/> Total boxes checked <input type="checkbox"/> 39a		
	if: <input type="checkbox"/> Spouse was born before Jan. 2, 1941, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see instructions and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	12,677.
41	Subtract line 40 from line 38	41	25,103.
42	If line 38 is over \$109,475, or you provided housing to a person displaced by Hurricane Katrina, see instructions. Otherwise, multiply \$3,200 by the total no. of exemptions claimed on line 6d	42	9,600.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	15,503.
44	Tax (see instr.). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	1,806.
45	Alternative minimum tax (see instructions). Attach Form 6251	45	
46	Add lines 44 and 45	46	1,806.
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care exp. Attach Form 2441	48	1,380.
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Child tax credit (see instr.). Attach Form 8901 if required	52	426.
53	Adoption credit. Attach Form 8839	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859	54	
55	Other credits. Check applicable box(es): a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	1,806.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	
58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	
64	Federal income tax withheld from Forms W-2 and 1099	64	3,073.
65	2005 estimated tax pymts and amt applied from 2004 return	65	
66a	Earned income credit (EIC)	66a	NO
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see instr.)	67	
68	Additional child tax credit. Attach Form 8812	68	1,574.
69	Amount paid with request for extension to file (see instr.)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Add lines 64, 65, 66a, and 67 through 70. These are your total payments	71	4,647.
72	If line 71 is more than line 63, subtract line 63 from line 71. This is the amount you overpaid	72	4,647.
73a	Amount of line 72 you want refunded to you	73a	4,647.
b	Routing number <input type="checkbox"/> BANK PRODUCT <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="checkbox"/> APPLIED FOR		
74	Amount of line 72 you want applied to your 2006 est. tax	74	
75	Amount you owe. Subtract line 71 from line 63. For details on how to pay, see instructions	75	
76	Estimated tax penalty (see instructions)	76	

**Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See instructions and fill in 73b, 73c, and 73d.

**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☐ Yes. Complete the following. ☒ No

**Sign Here**  
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature \_\_\_\_\_ Date \_\_\_\_\_ Your occupation **ACCOUNTANT** Daytime phone number **773-656-2020**

Spouse's signature \_\_\_\_\_ Date \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature **MONICA HENDRICKS** Date **02/03/2006** Check if self-employed ☐ Preparer's SSN or PTIN **334-50-4894**

Firm's name (or yours if self-employed), address, and ZIP code **LIBERTY TAX SERVICE** EIN **36-4317884**

**4705 W 79TH STREET** Phone no. **773-581-2500**

**CHICAGO IL 60652**

Form  
1040ADepartment of the Treasury - Internal Revenue Service  
U.S. Individual Income Tax Return (99)

2006

IRS Use Only - Do not write or staple in this space.

Label  
(See page 18.)Use the  
IRS label.  
Otherwise,  
please print  
or type.CINDY C TRIPLETT  
738 W 116TH STREET  
CHICAGO, IL 60628

OMB No. 1545-0074

Your social security number  
326-80-4416

Spouse's social security number

You must enter  
▲ your SSN(s) above. ▲Checking a box below will not  
change your tax or refund.

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 18).

You ☐ Spouse ☐Filing  
status

1

☐ Single

2

☐ Married filing jointly (even if only one had income)

4

☒ Head of household (with qualifying person). (See page 19.)Check only  
one box.

3

☐ Married filing separately. Enter spouse's SSN above. Enter name below.

5

☐ Qualifying widow(er) with dependent child (see page 20)

Exemptions

6a

☒ Yourself. If someone can claim you as a dependent, do not check  
box 6a.

b

☐ Spouse

c

Dependents:

(1) First name

Last name

(2) Dependent's  
social security number(3) Dependent's  
relationship to  
you(4) ☒ if qual.  
child for  
child tax cr.  
(see pg 21)Boxes  
checked on  
8a and 8bNo. of children  
on 8c who:● lived with  
you● did not live  
with you due  
to divorce or  
separation  
(see page 22)Dependents  
on 8c not  
entered aboveAdd numbers  
on lines  
above

d Total number of exemptions claimed.

Income

7

Wages, salaries, tips, etc. Attach Form(s) W-2.

7

29,433.

Attach  
Form(s) W-2  
here. Also  
attach  
Form(s)  
1099-R if tax  
was withheld.

8a

Taxable interest. Attach Schedule 1 if required.

8a

b

Tax-exempt interest. Do not include on line 8a.

8b

9a

Ordinary dividends. Attach Schedule 1 if required.

9a

b

Qualified dividends (see page 25).

9b

10

Capital gain distributions (see page 25).

10

11a

IRA  
distributions. 11a11b Taxable amount  
(see page 25).

11b

12a

Pensions and  
annuities. 12a12b Taxable amount  
(see page 26).

12b

13

Unemployment compensation, Alaska Permanent Fund dividends,  
and jury duty pay.

13

14a

Social security  
benefits. 14a14b Taxable amount  
(see page 28).

14b

15

Add lines 7 through 14b (far right column). This is your total income.

15

29,433.

16

Penalty on early withdrawal of savings (see  
page 28).

16

17

IRA deduction (see page 28).

17

18

Student loan interest deduction (see page 31).

18

19

Jury Duty pay you gave your employer (see  
page 31).

19

20

Add lines 16 through 19. These are your total adjustments.

20

21

Subtract line 20 from line 15. This is your adjusted gross income.

21

29,433.

Adjusted  
gross  
income

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 58.

Form 1040A (2006)

Form 1040A (2006) CINDY C TRIPLETT

326-80-4416 Page 2

**Tax, credits, and payments****Standard Deduction for —**

• People who checked any box on line 23a or 23b or who can be claimed as a dependent, see page 32.

• All others:  
Single or Married filing separately, \$5,150  
Married filing jointly or Qualifying widow(er), \$10,300  
Head of household, \$7,550

22	Enter the amount from line 21 (adjusted gross income).	22	29,433.
23a	Check <input type="checkbox"/> You were born before January 2, 1942, if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind <input type="checkbox"/> Blind <b>Total boxes checked</b> <input type="checkbox"/> 23a <input type="checkbox"/>		
b	If you are married filing separately and your spouse itemizes deductions, see page 32 and check here <input type="checkbox"/> 23b <input type="checkbox"/>		
24	Enter your <b>standard deduction</b> (see left margin).	24	7,550.
25	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-	25	21,883.
26	If line 22 is \$112,875 or you provided housing to a person displaced by Hurricane Katrina, see page 32. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d.	26	9,900.
27	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-. This is your <b>taxable income</b> .	27	11,983.
28	<b>Tax</b> , including any alternative minimum tax (see page 32).	28	1,259.
29	Credit for child and dependent care expenses. Attach Schedule 2.	29	
30	Credit for the elderly or the disabled. Attach Schedule 3.	30	
31	Education credits. Attach Form 8863.	31	760.
32	Retirement savings contributions credit. Attach Form 8880.	32	
33	Child tax credit (see page 37). Attach Form 8901 if required.	33	499.
34	Add lines 29 through 33. These are your <b>total credits</b> .	34	1,259.
35	Subtract line 34 from line 28. If line 34 is more than line 28, enter -0-	35	0.
36	Advance earned income credit payments from Forms W-2, box 9.	36	
37	Add lines 35 and 36. This is your <b>total tax</b> .	37	0.
38	Federal income tax withheld from Forms W-2 and 1099.	38	2,660.
39	2006 estimated tax payments and amount applied from 2005 return.	39	
40a	<b>Earned income credit (EIC)</b> .	40a	1,458.
b	Nontaxable combat pay election.	40b	
41	Additional child tax credit. Attach Form 8812.	41	1,501.
42	Credit for federal telephone excise tax paid. Attach Form 8913 if required.	42	50.
43	Add lines 38, 39, 40a, 41, and 42. These are your <b>total payments</b> .	43	5,669.
44	If line 43 is more than line 37, subtract line 37 from line 43. This is the amount you <b>overpaid</b> .	44	5,669.
45a	Amount of line 44 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/> 45a <input type="checkbox"/>	45a	5,669.
b	Routing number <input type="text" value="031101208"/> <input type="checkbox"/> c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text" value="10877982326804416"/>		
46	Amount of line 44 you want <b>applied to your 2007 estimated tax</b> .	46	
47	<b>Amount you owe</b> . Subtract line 43 from line 37. For details on how to pay, see page 54.	47	
48	Estimated tax penalty (see page 54).	48	

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See page 53 and fill in 45b, 45c, and 45d or Form 8888.

**Amount you owe****Third party designee****Sign here**

Joint return? See page 18. Keep a copy for your records.

**Paid preparer's use only**

Do you want to allow another person to discuss this return with the IRS (see page 55)? <input checked="" type="checkbox"/> Yes. Complete the following. <input type="checkbox"/> No			
Designee's name	Phone no.	Personal ID number	
HR BLOCK	(773) 978-1555 (PIN)	12517	
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.			
Your signature	Date	Your occupation	Daytime phone number
For Info Only-Do not file		ACCOUNTANT	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	
For Info Only-Do not file			
Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	1/27/2007		P00141333
Firm's name (or yours if self-employed), address, and ZIP code	EIN		
H AND R BLOCK ENTERPRISES INC CHICAGO, IL 60628	43-1862223		
	Phone no. (773) 445-8017		

1040A (2006) FD1040A-2V1.18

Form Software Copyright 1996 - 2007 H&amp;R Block Tax Services, Inc.

Division of Child Support Enforcement  
201 South Grand Avenue East  
Springfield, Illinois 62763

Title (if appropriate) \_\_\_\_\_  
Signature \_\_\_\_\_

☒ IV-D Agency ☐ Court ☐ Attorney ☐ Individual ☐ Private Entity  
☐ Attorney with authority under state law to issue order/notice.

NOTE: Non-IV-D Attorneys, individuals, and non-governmental entities must submit a Notice of an Order to Withhold and include a copy of the income withholding order unless, under a state's law, an attorney in that state may issue an income withholding order. In that case, the attorney may submit an Order/Notice to Withhold and include a copy of the state law authorizing the attorney to issue an income withholding order/notice.

IMPORTANT: The person completing this form is advised that the information on this form may be shared with the obligor.

HFS 9889 (R-01-06)  
(SEQ: 4884F)

OMB 0970-0154  
Page 1 of 4

1L478-2408

Form  
1040

Department of the Treasury - Internal Revenue Service

## U.S. Individual Income Tax Return 2007

Page 49 of 50

IRS Use Only - Do not write or staple in this space.

Label

Use the  
IRS label.Otherwise,  
please print  
or type.L  
A  
B  
E  
L  
H  
E  
R  
E

For the year Jan. 1 - Dec. 31, 2007, or other tax year beginning

, 2007, ending

, 20

OMB No. 1545-0074

CINDY C TRIPLETT  
1214 MAPLE AVE  
BERWYN, IL 60402

Your social security number

326-80-4416

Spouse's social security number

Presidential

Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 12)

You

Spouse

Filing Status

1

Single

4

Head of household (with qualifying person). (See page 13.)

2

Married filing jointly (even if only one had income)

3

Married filing separately. Enter spouse's SSN above &amp; full name below.

child's name here.

Check only  
one box.

Exemptions

6a

X Yourself. If someone can claim you as a dependent, do not check box 6a

b

Spouse

c

Dependents:

(1) First name Last name

(2) Dependent's  
social security number(3) Dependent's  
relationship to  
you(4) if qual  
child for  
child tax cr.Boxes checked  
on 6a and 6bNo. of children  
on 6c who:

• lived with you

• did not live with you  
due to divorce  
or separationDependents  
on 6c not  
entered aboveAdd numbers  
on lines  
above

LARRY L BATES JR

344-94-9657

SON

CYMPHONY C BATES

352-98-7575

DAUGHTER

d Total number of exemptions claimed

7

Wages, salaries, tips, etc. Attach Form(s) W-2

Income

8a

Taxable interest. Attach Schedule B if required

b

Tax-exempt interest. Do not include on line 8a

9a

Ordinary dividends. Attach Schedule B if required

b

Qualified dividends (see page 19)

10

Taxable refunds, credits, or offsets of state and local income taxes (see page 20)

11

Alimony received

12

Business income or (loss). Attach Schedule C or C-EZ

13

Capital gain/ (loss). Attach Sch D. If not required, check here

14

Other gains or (losses). Attach Form 4797

15a

IRA distributions

16a

Pensions and annuities

17

Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

18

Farm income or (loss). Attach Schedule F

19

Unemployment compensation

20a

Social security benefits

21

Other income. List type and amount (see page 24)

22

Add the amounts in the far right column for lines 7 through 21. This is your total income

23

Educator expenses (see page 26)

24

Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

25

Health savings account deduction. Attach Form 8889

26

Moving expenses. Attach Form 3903

27

One-half of self-employment tax. Attach Schedule SE

28

Self-employed SEP, SIMPLE, and qualified plans

29

Self-employed health insurance deduction (see page 26)

30

Penalty on early withdrawal of savings

31a

Alimony paid b Recipient's SSN

32

IRA deduction (see page 27)

33

Student loan interest deduction (see page 30)

34

Tuition and fees deduction. Attach Form 8917

35

Domestic production activities deduction. Attach Form 8903

36

Add lines 23 through 31a and 32 through 35

37

Subtract line 36 from line 22. This is your adjusted gross income

KBA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see page 83.

Form 1040 (2007)

1040 (2007)

FD1040-1V1.25

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Form 1040 (2007)

CINDY C TRIPLETT

Page 50 of 50

326-80-4416 Page 2

**Tax and Credits****Standard Deduction for -**

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 31.

## • All others:

Single or Married filing separately. \$5,350  
Married filing jointly or Qualifying widow(er). \$10,700  
Head of household. \$7,850

38	Amount from line 37 (adjusted gross income)	38	35,156.
39a	Check <input type="checkbox"/> You were born before January 2, 1943, if: <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind. <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,850.
41	Subtract line 40 from line 38	41	27,306.
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33	42	10,200.
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	17,106.
44	Tax. Check if any tax is from: a <input type="checkbox"/> Form(s) 9814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8889	44	2,009.
45	Alternative minimum tax (see page 36). Attach Form 6251	45	
46	Add lines 44 and 45	46	2,009.
47	Credit for child and dependent care expenses. Attach Form 2441	47	576.
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	
52	Child tax credit (see page 39). Attach Form 8901 if required	52	1,433.
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	2,009.
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	0.
58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	0.
64	Federal income tax withheld from Forms W-2 and 1099	64	3,565.
65	2007 estimated tax payments and amount applied from 2006 return	65	
66a	Earned income credit (EIC)	66a	549.
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	567.
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, & 67 through 71. These are your total payments	72	4,681.
73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	4,681.
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	4,681.
b	Routing number 031101208 c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number 10877982326804416		
75	Amount of line 73 you want applied to your 2008 estimated tax <input type="checkbox"/> 75		
76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	
77	Estimated tax penalty (see page 61)	77	

**Other Taxes****Payments**

If you have a qualifying child, attach Schedule EIC.

**Refund**

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

**Amount You Owe****Third Party Designee**

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☒ Yes. Complete the following. ☐ No

Designee's name **HR BLOCK** Phone no. **(773) 582-3444** Personal ID number (PIN) **12524**

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See page 13. Keep a copy for your records. Your signature **For Info Only-Do not file** Date **ACCOUNTANT** Your occupation **ACCOUNTANT** Daytime phone number **For Info Only-Do not file** Spouse's signature. If a joint return, both must sign. Date Spouse's occupation

Paid Preparer's Use Only Preparer's signature **H AND R BLOCK ENTERPRISES INC** Date **1/29/2008** Check if self-employed ☐ Preparer's SSN or PTIN **P00758923** Firm's name (or yours if self-employed), address, and ZIP code **CHICAGO, IL 60620** EIN **43-1862223** Phone no. **(773) 994-8749**

1040 (2007)

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